

DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
Community Services/Adult Special Populations

Title: Health Related Protection

Approved By: 
Division Director

Written/Revised By: DDDS Policy & Records Review Committee Date of Origin: February 2009

Date of Revision: March 06, 2009

Date of Implementation: April 15, 2009

I. PURPOSE

To establish definitions, standards, and procedures for the use of Health Related Protections for people whose safety is at risk of injury due to falls.

II. POLICY

Health Related Protections shall be used only if ordered by a licensed health care practitioner, and only if absolutely necessary to protect the individual's safety. They shall never be used for staff convenience.

III. APPLICATION

All DDDS Community Services Professionals
All contractual providers
Health Related Protection Committee (HRPC)

IV. DEFINITIONS

- A. Licensed Health Care Practitioner: For the purposes of this policy, a licensed Health Care Practitioner shall include medical professionals who are licensed to write orders for prescriptions or treatments.
- B. Health Related Protection: Any material or mechanical device, or equipment used to restrict the normal movement of an individual so as to prevent a fall or injury. Examples of mechanical restraints, which may be used as health related protection may include (but not limited to): bed rails, seat belts, bed enclosure system, etc.
- C. Normal Movement: Voluntary or involuntary movements specific to the individual that relates to his/her medical condition (e.g., seizures, spasticity, athetosis, and abnormal reflexes).

V. STANDARDS

- A. The Director of Community Services/designee shall appoint the membership of the Health Related Protection Committee, to serve at his/her pleasure. The committee shall be representative of the nursing, behavior and case management disciplines.
- B. Health Related Protections shall be designed to minimize the risk of physical injury to the individual, and to cause the least possible discomfort.
- C. The type of health protection used shall reflect the least restrictive alternative. Combinations of protections may be employed to maximize safety.
- D. Individuals have the right to be free from any physical restraint imposed for purposes of discipline, convenience or in place of staff.
- E. Use of health related protections shall be terminated when it no longer meets the designated usage, as identified in the HRP Request.
- F. All health related protections shall be ordered by a licensed healthcare practitioner, prior to implementation. The order shall include the reason for the health related protection, the conditions for its use and the duration of the use. Review/renewal of the health related protections shall be completed on an annual basis.
- G. Staff shall be trained on the implementation of a Health Related Protection prior to its use.
- H. A licensed health care practitioner may write a 90-day emergency order, if an immediate need for a Health Related Protection exists. This will assure the safety of the individual pending the completion and review of the Health Related Protection Request. Informed consent (may be verbal consent) shall be obtained from a legally authorized person prior to the implementation of the emergency order/Health Related Protection. The Health Related Protection Request shall be presented to the HRPC within sixty (60) days of initiating the emergency order. Written informed consent shall be obtained from the legally authorized person within thirty (30) days of receiving the verbal consent.
- I. Verbal informed consent for a Health Related Protection may be obtained when written consent cannot reasonably be obtained promptly enough to avoid a delay which could compromise the health or safety of the individual. Verbal informed consent shall include the following elements:
 - An understandable explanation of the proposed Health Related Protection including risk, benefits and alternatives;
 - Explanation that the verbal consent is voluntary, can be withdrawn at a later date and the duration of the requested verbal consent;
 - Be obtained with at least two (2) DDDS staff present, either in person or via telephone.

- J. Verbal consent shall represent an oral agreement given by a person legally authorized to make such decisions to a DDDS representative with a DDDS staff witness. The details of the verbal informed consent shall be documented in an ID Note/ T-Log entry and signed by both DDDS staff who participated in the communication with the person giving consent.
- K. The Health Related Protection Request shall be developed and signed by Team members and include:
 - 1. Licensed practitioner’s order for the health related protection. (May be documented on the annual physical exam form);
 - 2. Physical Therapy or Occupation Therapy evaluation if ordered;
 - 3. Consent for the use of each health related protection;
 - 4. Fall Risk Assessment completed by the assigned nurse.
- L. Health Related Protection Requests shall be reviewed and approved by the HRPC prior to implementation and whenever the plan is modified.
- M. Two thirds of the HRPC membership shall constitute a quorum for the official conduct of business.
- N. The individual’s ID Team shall review the most current Health Related Protection Request and current Consent Agreement, on an annual basis.
- O. Details regarding the approved Health Related Protection(s) shall be incorporated into the individual’s ELP.
- P. The Case Manager/Social Worker or designee shall obtain a new consent if the plan is modified and at least annually.

VI. PROCEDURES

Responsible Person	Action
ID Team	1. Identifies individual’s need for a Health Related Protection.
Licensed Health Care Practitioner	2. Writes a specific order for the use of the Health Related Protection.
Social Worker/Case Manager or Agency Program Coordinator (for contracted homes)	3. Obtains verbal informed consent from legally authorized person prior to the use of the Health Related Protection. Obtains written informed consent from legally authorized person within thirty (30) days of the initial implementation.

Community Nurse/Designee	4. Instructs direct support staff/ shared living provider about the Health Related Protection Plan.
Social Worker/Case Manager or Agency Program Coordinator (for contracted homes)	5. Coordinates completion of initial Health Related Protection Plan.
ID Team	6. Reviews and approves Health Related Protection Request via consensus.
Social Worker Case Manager/Agency Program Coordinator	7. Forwards Health Related Protection Request and Consent Agreement to HRPC within thirty (30) days of receiving physician's order.
Health Related Protection Committee Chairperson or designee	8. Receives HRPR and Consent Agreement. HRPC notifies author or the Health Related Protection Plan and committee members of scheduled review (date time, location). Forwards copy of HRPR and Consent Agreement to members.
Social Worker/Case Manager/designee or Agency Program Coordinator/designee	9. Presents Health Related Protection Request to HRPC.
Health Related Protection Committee Chairperson	10. If approved without modifications, writes date of next review on the Health Related Protections Request Form and signs the request at the HRPC meeting. If modifications are required, returns packet to the Social Worker/Case Manager or Agency Program Coordinator for revisions. Signs document when modifications are complete.
ID Team	11. Incorporates the details of the Health Related Protection Request into the appropriate section of the Essential Lifestyle Plan (ELP).
Social Worker/Case Manager or Agency Program Coordinator	12. Documents outcome of the Health Related Protection Plan on the ELP Monthly/Quarterly Reporting form.
	13. Notifies the HRPC chairperson upon discontinuation and or modification of a health related protection.

Revision to Health Related Protection Request

Social Worker Case Manager/Agency Program Coordinator	<p>14. Notifies the HRPC chairperson/designee, via e-mail, of a revision(s) to a Health Related Protection Request.</p> <p>15. Coordinates completion of revised Health Related Protection Request based on a revised licensed health care practitioner's order and/or the identified monitoring plan.</p>
	<p>16. Obtains informed consent for a revised Health Related Protection, based on a revised health care practitioner's order, prior to its implementation. Written consent may follow verbal consent, within thirty (30) days of the order.</p>
ID Team	<p>17. Reviews and approves the revised Health Related Protection Request via consensus.</p>
Social Worker Case Manager/Agency Program Coordinator	<p>18. Forwards revised Health Related Protection Request, the revised physician's order (if applicable) and Consent Agreement to the HRPC chairperson/designee, within thirty (30) days of its implementation.</p>

Annual Reviews

Social Worker Case Manager/Agency Program Coordinator	<p>19. Ensures that the Consent Agreement is current within 365 days.</p>
ID Team	<p>20. Reviews the Health Related Protection at the annual ELP. Ensures that the health care practitioner's order for the health care protection is current within one year (365 days). Such may be documentation may be on a Physician's Order form or (Annual) Physical Examination form.</p>

VII. REFERENCES

DDDS Health Care Services Protocol- Fall Management Guidelines
 DHHS. (2000). Appendix PP: Guidance to Surveyors- Long Term Care Facilities, F221-F222
 Community Services/ASP Assistance with Self-Administration of Medication Policy

VIII. EXHIBITS

- A. Health Related Protection Request
- B. Consent Agreement



DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
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Health Related Protection Request

Name: _____ MCI Number: _____

Date of Initial HRP Request: _____ Date of Revised HRP Request: _____

Residence: _____

Individuals who Provided Input: _____

Proposed Health Related Protection: _____

Health Related Protection Designated Usage (i.e., describe conditions for when to use and duration):

Plan for monitoring the use of the health related protection: _____

Benefits of using the proposed health related protection: _____

Potential risk(s) of using the proposed health related protection and plan to minimize risk: _____

Potential risk(s) of **not** using the proposed health related protection: _____

Describe health related protections previously used for the same purpose. Include dates and outcome: _____

Signature/Title of Plan Author

Date

For HRPC Review Only

_____ Approved

_____ Disapproved

Committee Recommendations: _____

Date of next review: _____

HRPC Chairperson Signature

Date

For Administrative Review Only

Signature of Regional Program Director

Date of Approval

Signature of Director of Community Services/ASP

Date of Approval



**Division of Developmental Disabilities Services
Community Services/Adult Special Populations**

CONSENT AGREEMENT

Name: _____ MCI #: _____ Date: _____

Address: _____ DOB: _____

I, consent for _____ to participate in/receive the following program,
procedure or intervention: _____

I have received a written copy of the program, procedure, or intervention. An explanation of the
program/procedure/intervention, any alternative procedures, possible benefits, side-effects, and risks have been
provided to me (*verbally, in writing*).

This consent is given voluntarily and without coercion. I understand that I may withdraw my consent at any time.
This consent automatically ends on _____ .

Signature of Individual Giving Consent

Relationship to Individual Receiving Services

Date of Consent